

Instruction Sheet for Life, Accident and Health, Annuity, Credit Transmittal Document
(*See state specific requirements prior to submitting filings to the respective state)

1. **Prepared for the State of:** _____ —Indicate for which state the filing is being prepared.
2. **Department Use Only—**
 - **State Tracking ID** – State assigned ID for internal purposes, if applicable.
 - Space available for state to input
3. **Insurer Name & Address** – Provide the insurance company name and address.
 - **State of Domicile** – State of domicile for company.
 - **NAIC Group #** – NAIC Group number (3 digits).
 - **NAIC #**—NAIC Company code number (5 digits).
 - **FEIN #**—Federal identification number.
4. **Filer Name and Address** - Contact persons for submission, company 's name (if other than the insurer), and address for correspondence.
 - **Telephone Number**—Telephone number of the contact person.
 - **Fax Number**—Fax number of the contact person.
 - **E-mail**—E-mail address of the contact person.
5. **Filing Method**—A method the filing is being submitted to the state.
 - Paper – Check if submitted to the state via paper.
 - Electronic/Serff – Check if submitting to the state via electronically/Serff, and indicate Electronic/Serff tracking number.
6. **Company Tracking Number**—Company's internal filing number or identifier. (If applicable)
7. **Market**—An identification of the targeted group or individuals. Must specify if other is chosen.
8. **Type of Insurance**—List all applicable types utilizing the NAIC Uniform Life, Accident & Health, Annuity, Credit Product Coding Matrix.
[Drafters note: To be provided upon adoption from the NAIC Product Coding sub group committee.]
9. **Product Coding Matrix Filing Code** — Refer to the NAIC Uniform Life, Accident & Health, Annuity, Credit Product Coding Matrix. (www.naic.org)
10. **Submitted Documents-**
 - Mark ALL applicable boxes.
 - Must specify if other is chosen.
 - If filing forms, complete the Form Filing Attachment.
 - If filing rates, complete the Rate Filing Attachment.
 - If Report, indicate which report and submit the required documents according to state specific requirements.
 - Submit the required number of copies according to state specific instructions
11. **Filing Submission Date**—Date the filing is being submitted by the company.
12. **Filing Fee (If required)** – If a filing fee is required by the state the filing is being prepared for indicate the amount, if retaliatory, check date and check number. See State specific instructions.
13. **Date of Domiciliary Approval**—Date filing was approved in domicile. If not approved, provide clarification.
14. **Filing Description**—General description of the filing. This section replaces the body of the cover letter, and should be completed according to state specific instructions.
15. **Certification (If required)-**
 - A Certification indicating you have reviewed state filing requirements, and complies with all applicable statutory provisions for the state the filing is being prepare for. See State specific instructions.
 - Print Name, title, date, and an original signature.

Instruction Sheet for Life, Accident and Health, Annuity, Credit Transmittal Document Form Filing Attachment and Rate Filing Attachment

16. Form Filing Attachment

- **Prepared for the State of:**—Indicate for which state the filing is being prepared.
- **This filing transmittal is part of company tracking number**—Insert company tracking number on transmittal document.
- **This filing corresponds to rate filing company tracking number**—Insert company tracking number of rates.
- **Document Name**—Identify the document name in the upper box of each section.
- **Description**—Give a brief description of the form in the lower box of each section.
- **Form Number**—Identify the form number. Include an edition date, if required.
- **Initial or Revised**
 - **Initial**—Mark “X” to indicate the form is new.
 - **Revised**—Mark “X” to indicate the form is a revision of a previous submission. List the replaced form # and previous state filing #.
 - **Other**—Mark “X” and provide clarification.
- **Replaced form #, and previous state filing #**—Identify the replaced form number, and previous state filing number if required by the specific state.

Complete as many attachments as necessary for the submitted filing.

17. Rate Filing Attachment

- **Prepared for the State of:**—Indicate for which state the filing is being prepared.
- **This filing transmittal is part of company tracking number**—Insert company tracking number on transmittal document.
- **This filing corresponds to form filing for company tracking number**—Insert company tracking of forms.
- **Overall percentage rate impact for this filing:** ____%—Company calculated impact.
- **Document Name**—Identify the component name in the top box of each component.
- **Description**—Brief description of the rates submitted in the lower box of each section.
- **Affected Form Numbers**—Identify the affected forms.
- **New, Revised, Other -**
 - **New**—Mark “X” to indicate the filing is for a new product.
 - **Revised**—Mark “X” to indicate the filing is a revision of a previous submission. List the previous state filing number. If revised indicate the requested percentage amount in space provided.
 - **Other**—Mark “X” and provide clarification.
- **Previous state filing number, if required by state**—Identify the previous state filing number if required by the specific state.

Complete as many attachments as necessary for the submitted filing.

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